



**TENNESSEE CONSOLIDATED RETIREMENT SYSTEM**  
502 Deaderick Street  
Nashville, TN 37243-0201  
(615) 741-4868

**APPLICATION FOR RETIREMENT CREDIT FOR SERVICE RENDERED OUT OF STATE**

**PART 1: TO BE COMPLETED BY APPLICANT**

Last Name	First	Middle	Maiden	
Social Security Number	Date of Birth	Home Telephone	Business Telephone	
Address	Street	City	State	Zip Code
Are you currently a member of the Tennessee Consolidated Retirement System?			Yes	No
Is the service being claimed established with another retirement system?			Yes	No
Position held in other state _____				

**PART 2: TO BE COMPLETED BY OUT-OF-STATE EMPLOYER**

I hereby certify to the Tennessee Consolidated Retirement System that according to official records available to me the above named employee was employed as shown below.

Please complete the following: (1) Periods served—use fiscal years only; (2) actual months and days served; (3) number of months in a full working year; (4) salary paid for each period; (5) whether employee was full time or part time; (6) percentage of time worked (if employee worked part time).

Name of Employer and School System or Department		1		2		3	4	5		6
		From M/D/Y	To M/D/Y	Mos.	Days	Mos. in Yr.	Salary	Full Time	Part Time	%
EX.	Bonn County Schools	7/1/62	6/30/63	12	0	12	\$5,000	X		
1										
2										
3										
4										
5										

Signature of Department Head or Superintendent

Name of State Department or School System

Title

Address

Phone Number

Date

City

State

Zip

**PART 3: TO BE COMPLETED BY AN OFFICIAL OF THE OUT-OF-STATE RETIREMENT SYSTEM**

The following member is seeking to establish credit in the Tennessee Consolidated Retirement System for previous service as a full time state employee or teacher for a state outside the state of Tennessee. In order to establish this service, the law provides that the member may not be receiving or be eligible to receive credit in any other state for the service being claimed.

Please check your records for the status of the service listed in Part 1 and 2 and certify the following statements.

Was the person named in Part 1 of this form a member of your Retirement System? ☐ Yes ☐ No

Is the person receiving or entitled to receive at any time in the future, a benefit from your retirement system based on the service certified in Part 2? ☐ Yes ☐ No

Comments

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_____ Signature	_____ Title		
_____ Date	(     ) Telephone Number		
_____ Name of Retirement System			
_____ Address	_____ City	_____ State	_____ Zip

Please return this form to:

**Tennessee Consolidated Retirement System  
10th Floor Andrew Jackson State Office Building  
Nashville, Tennessee 37243-0230**